



Governor's Health Disparity Council Meeting

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Healthy Communities: Pulling Together for Wellness

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A Partnership between
American Indian Health Commission for Washington State
And Washington State Department of Health



Main Points

- ❖ Overview of Project
- ❖ The Challenge
- ❖ Development Framework: Backbone and Heart
- ❖ Policy, Environment, and System (PES) Change
- ❖ Competencies
- ❖ Implementation at Tribal Level
- ❖ Use of the Framework
- ❖ Partnerships



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Purpose

To provide a Tribal-Urban Indian driven, comprehensive and integrated prevention framework to improve health status of AI/ANs by reducing risk factors for chronic disease.

- ❖ Integrates Native and western knowledge.
- ❖ Utilizes a Policy, Environment, Systems (PES) change approach.
- ❖ Incorporates culturally appropriate strategies designed for Tribal and Urban Indian Communities.

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Benefits and Uses of the Framework

- ❖ It provides a culturally appropriate *Healthy Communities* framework to **take action to prevent and reduce chronic disease; to ultimately reduce health disparities** and improve the health status of AI/ANs.
- ❖ It provides a framework that **can be adapted** to meet the needs of specific Tribal and Urban Indian Communities.
- ❖ It **helps build the capacity and competencies** to prepare Tribes and Urban Indian Communities to be able to develop *Healthy Communities'* initiatives using a policy, environment, and systems (PES) change approach.
- ❖ It **helps prepare Tribes and Urban Indian Programs to access funding** within the state, private, and federal funding landscape.

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Challenge Statement



**Improving the health of
American Indians and Alaska Natives
for Seven Generations**

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Challenge

Compared to the Washington population as a whole, AI/ANs experience **higher social economic risks**.

- ❖ 28% of households have income below the federal poverty level.
- ❖ Over 40% under age 5 are below poverty.
- ❖ 87% of adults age 25 and older do not have a college degree.
- ❖ 17% of adults have less than high school education.
- ❖ 32% of adults have no medical insurance.

Data Source: US Census Bureau, American Community Survey (ACS) Public Use Microdata Sample, 2008-2012

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Challenge

Compared to the Washington population as a whole, AI/ANs **experience higher risks.**

- ❖ **34% of adults currently smoke.**
- ❖ 34% of adults are physically inactive.
- ❖ **19% of 10th graders smoke.**
- ❖ 31% of 10th graders use marijuana.
- ❖ Almost half of 10th graders do not get enough physical activity.

Additionally:

- ❖ 39% of adults are obese.
- ❖ 50% of adults have experienced 3 or more ACEs.
- ❖ More adults have asthma, diabetes and have had heart disease or a stroke.

Data Source: Washington State Healthy Youth Survey 2012 and WA State Behavioral Risk Factor Surveillance System 2011-2013



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Challenge

In the all-cause mortality rate, AI/ANs were 71% higher than the rate for Non-Hispanic Whites in Washington State.

Top 10 Leading Causes of Death

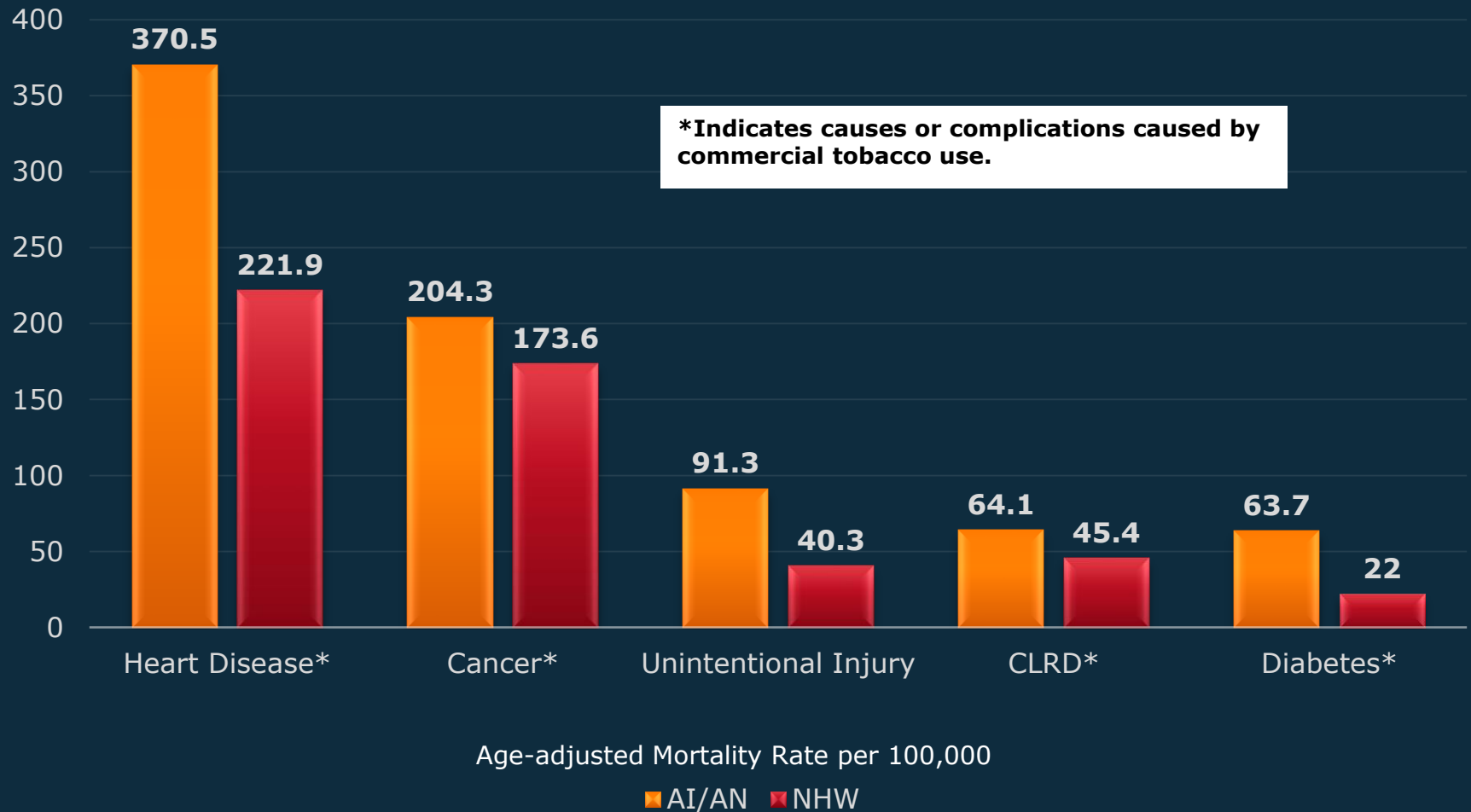
- ❖ Heart Disease 19.3%*
- ❖ Cancer 19.2%*
- ❖ Unintentional Injury 12.6%
- ❖ Diabetes 4.8%*
- ❖ Chronic Liver Disease 4.7%
- ❖ Chronic Lower Respiratory Disease 4.5%*
- ❖ Stroke 3.9%*
- ❖ Suicide 3.2%
- ❖ Alzheimer's Disease 2.4%
- ❖ Influenza & Pneumonia 1.6%

***Indicates causes or complications caused by commercial tobacco use.**

Data Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - Washington. Portland, OR; Northwest Tribal Epidemiology Center, 2014 (WA State death certificates, 2006-2010, corrected for misclassified AI/AN race.)

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Top Five Causes of Death for AI/AN compared to Non-Hispanic Whites (NHW) Washington 2006-2010



Challenge

Significant **AI/AN health disparities among infants and pregnant women** exist; (AI) pregnant women are more likely than women in any racial group to:

- ❖ Have unintended pregnancies.
- ❖ Have late or no prenatal care.
- ❖ Smoke or abuse drugs or alcohol.
- ❖ Have a mental health diagnosis.
- ❖ Suffer abuse by a partner.
- ❖ Additionally, AI/AN teen birthrates are significantly higher compared to NHW in the state.

Data Sources: AIHC's Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan 2010 and Northwest Tribal Registry and Washington State death certificates 2006-2010, corrected for misclassified AI/AN race.

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American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices

Leadership

Engagement

HEALTHY TRIBAL AND URBAN INDIAN COMMUNITIES

Tribally and Urban Indian
Driven

Healthy Communities

Maternal Infant
Health

Home Visiting

Women, Infant,
Children (WIC)

Pregnancy Risk
Assessment Monitoring
System (PRAMS)

Immunizations

Public Health
Emergency
Preparedness Response
(PHEPR)

Culturally Appropriate
and Community Specific

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health and Early Learning

DATA

Health Risk Factors
Health Disparities
Adverse Childhood Experiences
Historical and Intergenerational Trauma

DATA

Process

- ❖ Maternal Infant Health Strategic Plan foundation to project.
- ❖ Inventory of Promising Practices in Indian Country.
- ❖ Interviews, in-person meetings and group meeting.
- ❖ Continuous feedback with Leadership Advisory Committee.
- ❖ A focus on Healthy Tribal and Urban Indian Communities during the 2012 Tribal Leaders' Health Summit.
- ❖ Assessments about attitudes, approaches, capacity and resources.
- ❖ Framework Design.
- ❖ Tribal and Urban Indian Engagement: Share framework and get feedback.
- ❖ Training and capacity building.
- ❖ Linkages and collaboration opportunities.

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Tribal and Urban Indian Leadership's Approach

- ❖ Grounded in healthy community and PES concepts to address chronic disease risk factors.
- ❖ Developed the definition, vision and values as a backbone to the framework.
- ❖ Use of the medicine wheel model to depict the importance of a holistic approach that includes four directions: physical, social, emotional and spiritual.
- ❖ Culture positioned as a core component and interwoven in of all four sectors in order to maintain balance and health.
- ❖ Culture an important factor to ensure long-term sustainability of social change.

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Tribal and Urban Indian Leadership's Principles

- ❖ In order to make changes where we live, work, pray and play, it is important to understand and know the history of the Tribe(s) and Indian communities in the region.
- ❖ In order to develop effective cross-sector partnerships, it is important to understand Tribal Sovereignty and Self-Determination.
- ❖ Terminology and concepts must resonate with Tribal and Urban Indian Communities.

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Tribal and Urban Indian Leadership's Principles

Must Recognize Two Significant and Emerging Factors

- ❖ **Historical and Intergenerational Trauma**
 - ❖ Many social and environmental factors that fall outside of the health care setting are the strongest predictors of well-being. Historical and Intergenerational Trauma is a significant factor that impacts the health and emotional well-being of AI/ANs.
- ❖ **Adverse Childhood Experiences (ACE) Study and Resiliency** Early adverse experiences increase serious health risk factors for chronic disease and has a significant impact on the health and emotional well-being of AI/ANs.

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Native Epistemology

- ❖ Seven Generations Vision.
- ❖ Embrace a life-long learning perspective with the Wisdom of the Elders as fundamental.
- ❖ Looking back though the “Eyes of our Ancestors” and then moving forward; a traditional practice.
- ❖ Seasonal Way of Life is Traditional and Ecological.
- ❖ Knowledge Gathering and Giving Back.

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Definitions, Language, and Assumptions

“Native science does not attempt to categorize firmly within the domains of ideas, concepts, or laws formed only through an analysis bent on a specific (point of) discovery, as is the case with Western scientific analysis. ...”

“Native science attempts to understand the nature or essence of things...It includes health and being with rational perception to move beyond the surface understanding of a thing to a relationship that includes all aspects of one's self.”

Gregory Cajete, Author Native Science

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**“A balance of
studies and
stories”**

Hancock and Minkler, 1997

Community Based Assessments



Evidence Domains Tribal-Urban Indian Context

Adapted Satterfeld, et al. model to Serve a Tribal Context

Definition

A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.

Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.

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Backbone (see handout)

The framework is an integrated model, which is critical in addressing chronic disease. Our emotional, social, spiritual health and physical health are all interrelated.

Culture is a key component to all aspects of our lives. It is reflected where and the way we live, work, pray and play.

The framework is focused on commercial tobacco free living, healthy eating, active living, emotional wellness, and integration of prevention in clinical settings.

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Values Applied

- ❖ Planning for Seven Generation.
- ❖ Embracing a life course perspective; starting with Moms and Babies.
- ❖ Acknowledging our interconnection with Mother Nature and responsibility to protect our environment.
- ❖ Integrating Cultural and Spiritual Health.
- ❖ Understanding Tribal Sovereignty and Self-Determination.

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Healthy Communities Pulling Together for Wellness Matrix—See Handout

Healthy Tribal and Urban Indian Communities Matrix

Vision What are Healthy T-U Indian Communities?	Goals What you want to Accomplish	Indicators How will you know whether you have accomplished?	Data Where is the best information about indicators?	Strategies How will it be accomplished—ED, BP, PP, GI*	PES**
Babies are born (and stay) healthy	<ul style="list-style-type: none"> • Reduce Infant Mortality; • Reduce LBW; • Increase breastfeeding--initiation and at 6 months; • Improved maternal and newborn health 	•		•	
Moms are supported	<ul style="list-style-type: none"> • Reduce HBW, • Reduce MH diagnoses, • Reduce Alcohol and drug use; • Reduce Smoking; • Reduce Threaten PT labor; • Reduce LBW first pregnancies; 	•			
Dads are supported	<ul style="list-style-type: none"> • Reduce MH diagnoses, • Reduce Alcohol and drug use; • Reduce Smoking; 	•			

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Healthy Communities Matrix: Represents the best thinking of Leadership Advisory Committee to describe a vision for Healthy Indian Communities, and a menu of culturally-appropriate, effective community-wide health interventions.



Vision & Goals
Where we want to be

Indicators & Data
Where we are now, and how to know that we're moving toward the Vision

Strategies
What we will do to start moving toward the Vision

7 GENERATIONS

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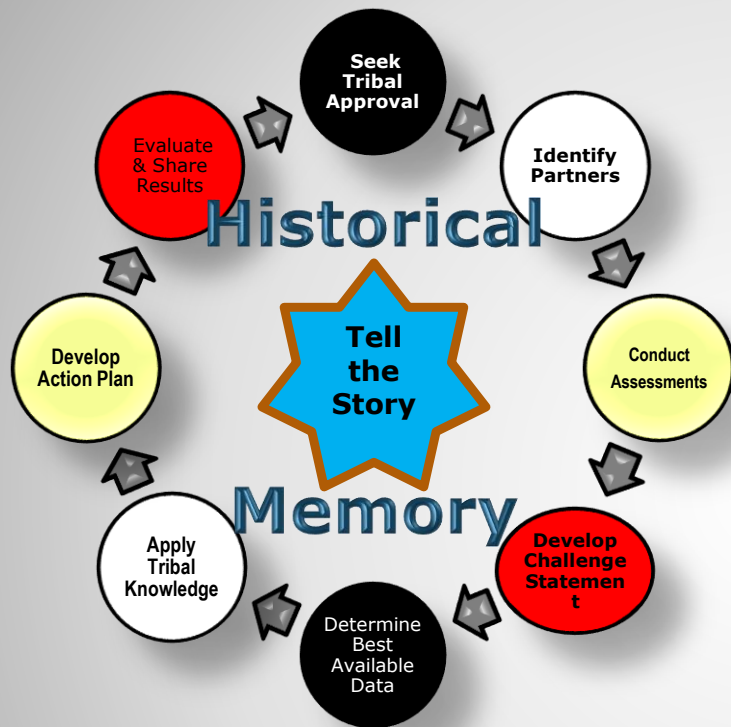
VISION What are Healthy T-U Indian Communities?	GOALS (desired outcomes) What you want to Accomplish	OUTCOME INDICATORS (data sources in parentheses) <i>How we know where we are now, and whether we are moving toward the goal</i>	STRATEGIES <i>(Evidence-based Practice, Practice-based Evidence, Promising Practice)</i>
<p>Families have access to healthy nutritious food</p> 	<ul style="list-style-type: none"> • Increase access to healthy nutritious foods • Reduce Obesity • Increase food sovereignty training • Increase food preservation training 	<ul style="list-style-type: none"> • Knowledge about healthy foods and healthy choices among families (community surveys) • Number of access points (outlets, programs such as SNAP) for healthy foods, quality of foods, ability to access healthy foods (community surveys, community environment/systems assessment) • % adults/parents who are overweight or obese (RPMS, BRFSS, Tribal BRFS); % youth who are overweight or obese (HYS) • Availability of food sovereignty training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey) • Availability of food preservation training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey) 	<ul style="list-style-type: none"> • Start or increase sustainable intergenerational Tribal community gardens. Youth programs may include having Tribal elders share cultural knowledge and wisdom with tribal youth who learn how to plant, harvest, etc. under the guidance of elders. • Develop mobile farmers' markets to enhance access to fresh produce to Tribal and urban Indian community members, particularly those in remote locations or who are unable to travel. (PBE) • Improve access to grocery stores and supermarkets. (PBE) • Adopt and support school policies to provide healthy traditional food and beverage options in Tribal schools, including cafeterias, a la carte, vending, classrooms, and events. (PBE) • Adopt and support policies for healthy traditional foods in Tribal early learning environments/child care centers. (PBE) • Include healthy eating concepts in Tribal policies and tools, such as comprehensive plans, Tribal zoning ordinances, permits, and licensing rules, as appropriate. (PBE) • Ensure access to WIC program and stores that are WIC certified • to cook traditional meals, etc.) (PBE)

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EXAMPLE

Policy, Environmental and System Change Strategies

Physical Activity	Nutrition	Tobacco	Emotional Wellness	Prevention Linkages
Promote school zone safety	Advocate to tribal leaders to increase access to traditionally grown foods	Use youth canoe activities program to educate and prevent alcohol, drug, tobacco use	Convene a Gathering of Native Americans (GONA) training in your community	Establish tobacco use screening as part of clinical prevention services
Let's Move in Indian Country Campaign	Promote use of traditional foods at schools	Promote No-Smoking Policies in Tribal Housing	Convene Cradleboard Project	Establish preconception counseling as standard topic in exams for young women
Promote T/U Safe Streets	Start a Native Plate Media Campaign	Include Tobacco and SES education in Home Visiting Programs	Work with schools to incorporate MIH in curriculum	
Promote workplace policies to allow physical activity breaks	Promote Breastfeeding policy/codes		Include depression screening in Home Visiting programs	



The Process Steps

1. Develop Competencies/build the Workforce
2. Seek Tribal Approval
3. Identify Partners
4. Conduct Assessments
5. Develop Challenge Statement
6. Determine the Best Available Data
7. Apply Tribal/Indigenous Knowledge
8. Develop Action Plan
9. Evaluate/Share Program Results
10. Tell the Story

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Competencies

1. Understanding components of the framework.
2. Knowledge of Tribal sovereignty.
3. Knowledge of Native epistemology.
4. Knowledge of Tribal/Native history of the region.
5. Knowledge of resilience to historical and intergenerational trauma and Adverse Childhood Experiences Study (ACES).
6. Understanding of health equity and social determinates of health.
7. Understanding policy, environment, systems change methods.
8. Understanding of community health assessments.
9. Ability to identify and quantify the challenge.

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Competencies con't.

10. Ability to develop a concise statement of the challenge.
11. Knowledge of policy, environment, and system change strategies to address commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages in clinical settings.
12. Knowledge of evaluation methods.
13. Understanding and the ability to identify evidence-based, practice-based evidence, and promising practices.
14. Ability to build a promising practice.
15. Ability to communicate and advocate.
16. Ability to develop relevant and sustainable cross-sector partnerships.
17. Ability to find and write grants.

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Sustainability Strategies

- ❖ Continue to integrate PTW framework in current work.
- ❖ Mobilize support at the Tribal and State levels.
- ❖ Implement key components of PTW framework.
- ❖ Provide training and technical assistance to Tribes and Urban Indian Program.
- ❖ Obtain funding to implement comprehensive demonstration project.
- ❖ Implement strategies focused on commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages as funding allows.
- ❖ Explore policy options specific to Commercial Tobacco.
- ❖ Engage Tribal leadership and Tribal youth in an advisory committee.
- ❖ Develop cultural resources with Tribal elders/traditional healers.
- ❖ Maintain DOH support for capacity building, engagement and technical assistance.
- ❖ Further develop the PTW Matrix (Outcome Indicators and Strategies).
- ❖ Enhanced partnerships: NWIC, NPAIHB, IHS, AND WSPHA.
- ❖ Engagement with Tribes, Urban Programs, State and other partners.
- ❖ Share framework in Tribal, State, Regional and National Forums.

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Shoalwater Bay Tribe's PTW Multi-Sector Team



Phase I

- ❖ Convened Multi-sector team
- ❖ Conducted a Community Survey (food, physical activity and commercial tobacco)
 - Phase II
- ❖ Held a community dinner to “tell the story”
- ❖ Youth involvement
- ❖ Challenge Statement: Improve the health of Shoalwater Bay Tribal members for seven generations by embracing the healthy traditions of our ancestors. **“Change the Norm”**
- ❖ Reviewed data needs for gaps and needs
- ❖ Identify and implement 1 PES for each of 3 areas: Healthy Foods, Healthy Activities, Commercial Tobacco Use.

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Defining and Cultivating Partnerships

Cultivate and sustain an effective partnership

- ❖ Respect Tribal sovereignty, historical relationships, and build understanding
- ❖ Gain familiarity with systems, culture, and norms unique to Tribes and Urban Indian communities
- ❖ Appreciate complexity of the political environment
- ❖ Understand different levels of engagement - Tribal Leaders and Tribal Communities

Define and be clear about your organization's role

- ❖ Technical expertise – Tribes know what is best for their communities
- ❖ Respect and understand Tribal ownership of information and data
- ❖ Supportive - Understand processes, staffing, timelines

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Defining and Cultivating Partnerships

Recognize differences in approaches to work

- ❖ Understand dynamics
- ❖ Allow flexibility for projects to organically evolve

Leverage opportunities for sustainable strategies with other organizations, agencies, departments that may benefit Tribes and Urban Indian Communities

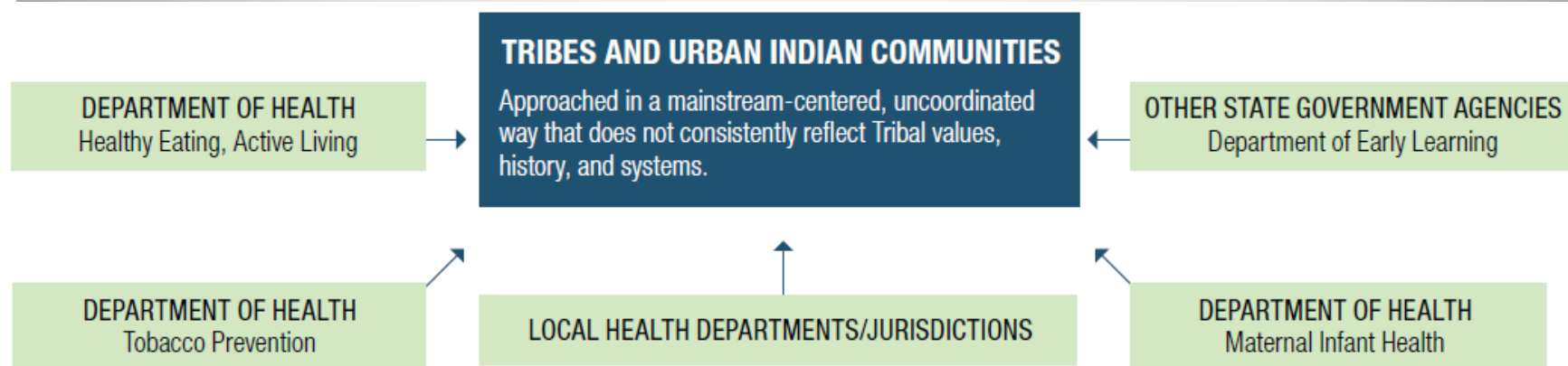
- ❖ Facilitate the establishment of connections in work

Respect and acknowledge differences in the definition of evidence, best practices, success and sustainability

- ❖ Build understanding on the importance of the impact on the next Seven Generations
- ❖ Support contributions to the knowledge base

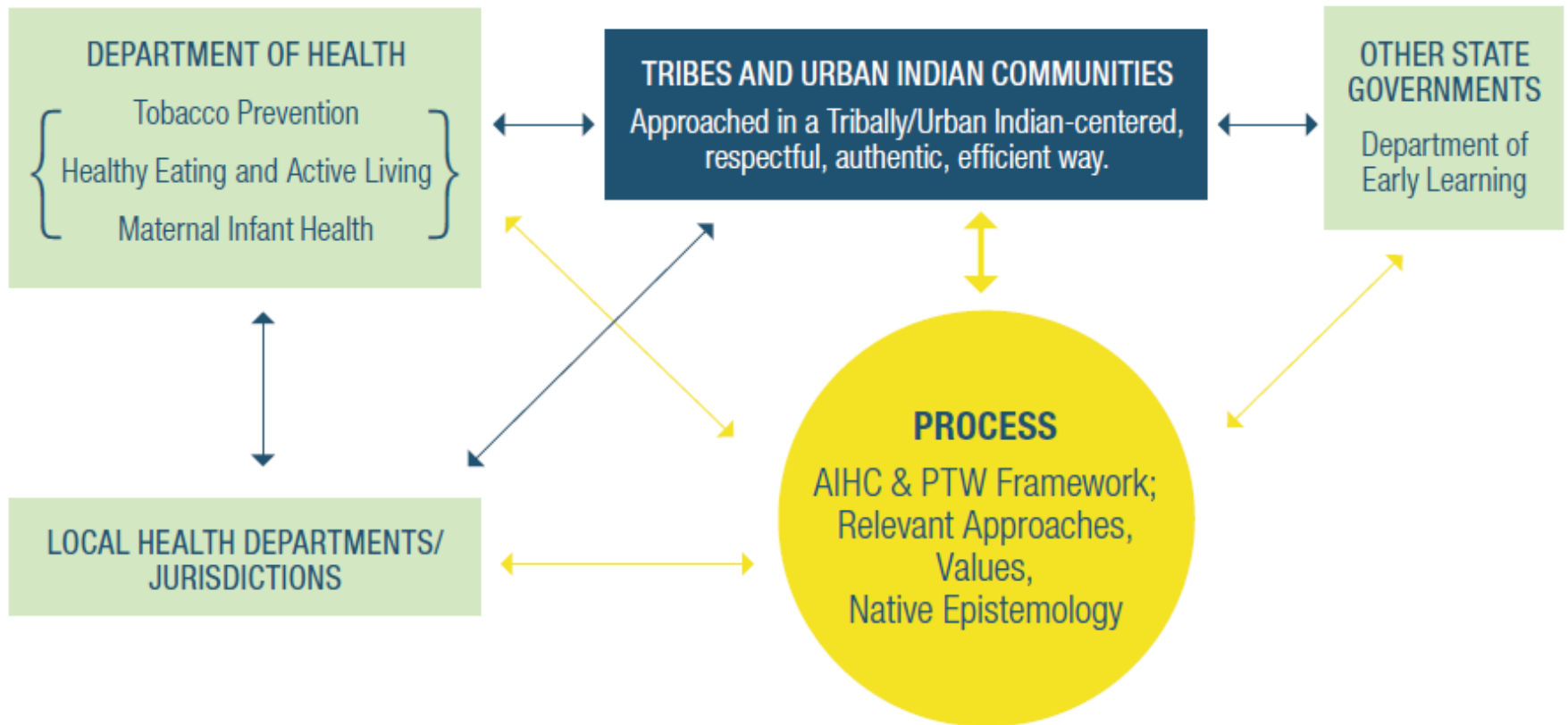
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Government Program-centric Approaches



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Tribal and Urban Indian culture-centric approaches



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